

<b>Case Number:</b>	CM15-0185006		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	11/13/2012
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 49 year old female who sustained an industrial injury on November 13, 2012. A recent secondary treating office visit dated August 18, 2015 reported current subjective complaint of "increased pain in the left shoulder and left side of the neck with elevated intensity of headaches." There are spasms noted in the trapezius and difficulty raising the shoulder at or above the level of the shoulders or repetitive usage of the shoulder. There is intermittent tingling sensation from the neck down to the mid biceps. Of note, On June 11, 2015 the worker received a trigger point injection to the left paracervical and trapezium musculature which gave the patient a 60-70% relief for four weeks allowing the patient to decrease the use of medication. The following diagnoses were applied to this visit: cervical sprain and strain with chronic myofascial pain; cervical spine underlying degenerative disc disease at C4-5, C5-6 and C6-7; left shoulder full thickness tear of supraspinatus, and bilateral carpal tunnel. The plan of care is with recommendation for: complete the 6 authorized chiropractic sessions treating the neck, and shoulder region; increase Norco to one tablet daily for acute flare up of pain; Flexeril increased to one tablet, Omeprazole for recent gastritis noted for one month's use then discontinue. Primary treating office visit dated February 24, 2015 reported current subjective complaint of "neck pain," "left shoulder pain," and "left elbow pain." The plan of care noted: pending authorization for pain management; recommending left shoulder surgery and prescribed Vicodin 5mg #90. On August 26, 2015 a request was made for Flexeril 7.5mg #40 which was noted non-certified due to medication being a second line of treatment option for short term treatment of low back pain along with inadequate documentation of improved function, pain, and pain assessment which is required. Medical necessity was not supported in the provided documentation. On September 09, 2015, a decision was noted from Utilization Review.

## IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Flexeril 7.5mg #40 (dispensed on 8/18/15): Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril), Muscle relaxants (for pain).

**Decision rationale:** Based on the 8/18/15 progress report provided by the treating physician, this patient presents with increased pain in left shoulder and left side of neck with elevated intensity of headaches, spasms in trapezium and intermittent tingling sensation from neck down to mid-biceps. The treater has asked for Flexeril 7.5mg #40 (dispensed on 8/18/15) on 8/18/15. The patient's diagnoses per request for authorization dated 8/18/15 are cervical s/s, myofascial pain, cervical DDD, shoulder tear, carpal tunnel. The patient had recent flare-up of neck pain and went from taking Norco intermittently to daily per 8/18/15 report. The patient takes Flexeril on an intermittent basis, which is helpful for acute spasms per 8/18/15 report. The patient is s/p trigger point injection to left paracervical and trapezium on 6/11/15, which gave 60 to 70% relief for 4 weeks per 7/7/15 report. The patient is permanently disabled per 7/8/15 report. MTUS Chronic Pain Medical Treatment Guidelines 2009 pg 63-66 and Muscle relaxants section states: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed anti-spasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy. MTUS, Chronic Pain Medication Guidelines 2009, Muscle Relaxants, page 63-66: "Carisoprodol (Soma, Soprodal 350, Vanadom, generic available): Neither of these formulations is recommended for longer than a 2 to 3 week period." Abuse has been noted for sedative and relaxant effects. In this case, Flexeril was first noted in progress report dated 4/9/15 and in subsequent reports dated 6/11/15, 7/7/15, and 8/18/15. The patient has had relief from acute spasms from taking Flexeril per review of reports. While there is documentation that Flexeril has been effective during 4 months of usage, MTUS does not support long-term use of this medication beyond a 2 to 3 week period. The request for continuation of Flexeril #40 is not in accordance with MTUS guidelines. Therefore, the request is not medically necessary.